Support and treatment for dependence on nicotine vapes



NCSCT

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Authors: Andy McEwen, Matt Evison and Kirstie Soar

Contributors: Louise Ross, Sophia Papadakis and Susan Montgomery

Copy editing and proofing: Jane Stevens

Reviewers: David Crane (Smoke Free), Joanna Feeney (Fresh-Balance), Sarah Hepworth (Sheffield City Council), Jasmine Kouja (University of Bath), Jo Locker (DHSC) and Laura Mackenzie (DHSC)

Editor: Andy McEwen

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Introduction

There are an increasing number of people using nicotine vapes. Many of them wish to stop vaping and are approaching local stop smoking services (LSSS), and other health and social care professionals, for support.

There is a lack of relevant research on what support can help with stopping vaping. We have therefore drawn on the limited evidence that is available on vaping cessation, along with best clinical practice and expert opinion.

This protocol is divided into two sections:

1. Behavioural support for stopping vaping.
2. Medicinal aids for stopping vaping.

We will conduct a formal annual review of this protocol guidance and update it to reflect emerging new evidence and best practice.

This protocol guidance should be read in conjunction with **Supporting clients who want to stop vaping**.

Vaping: a guide for health and social care professionals provides a comprehensive overview of nicotine vapes and their role in smoking cessation.

How to use this protocol guidance

This document provides **guidance** on **behavioural support** and **stop smoking aids** to assist with stopping vaping.

The lack of evidence means that we can't be certain what will work for each person that you support to stop vaping. **Use the protocol described to guide your interaction with people wanting to stop vaping but keep in mind that it is not intended to be a manual that is strictly followed**.

The **Young people and stopping vaping briefing** should be your guide when supporting young people under the age of 18.

This protocol guidance does not offer advice on supporting pregnant women to stop vaping because of the specific needs of this client group. Dedicated protocol guidance is needed for stopping vaping in pregnancy.

Support to help people stop vaping must comply with the guiding principles for stopping vaping.

Although we refer throughout to the need to prevent a relapse back to smoking, this protocol applies equally to people who started vaping without having smoked first, but who now want to stop vaping.

Guiding principles for stopping vaping

1. Although not risk free, vaping is significantly less harmful to health than switching/returning to smoking tobacco.
2. It is important to explore why clients wish to stop vaping, and indeed whether they want to stop at all.
3. Information given to the client about nicotine vapes, including any potential health harms, should be evidence-based.
4. No attempt to stop vaping should be made if there is a perceived risk of returning to, or initiating, smoking. During an attempt to stop vaping, returning to using a nicotine vape is preferable than a return to smoking tobacco.
5. The route to stopping vaping, and the length of time it takes, should be client-led. There is no strong evidence on what works best.

Behavioural support for stopping vaping

Most people who want to stop vaping will do so without support. For those people who do require support, usually those who are more nicotine-dependent, this could be one-off support or a more structured multi-session programme. Elements of support will include:

1. Assessing, and distinguishing between, clients who are ready to quit for their own reasons and those who are quitting before they are ready because of external pressures, such as myths about vaping reported in media.
2. Assessing clients' behavioural support needs and tailoring support to meet these needs.
3. Assessing clients' risk of relapse back to smoking.
4. Informing clients of, and assisting with choosing, methods of stopping vaping including the use of stop vaping aids.
5. Ending behavioural support and signposting what support is available to prevent, and respond to, future relapse.

You can start by asking how confident clients are in their ability to stop vaping without returning to smoking.

"On a scale of 1–10, how confident are you that you can stay free from smoking without using your vape?"

1	2	3	4	5	6	7	8	9	10

Not confident at all — Extremely confident

> Clients who reply lower than a seven or an eight may benefit from a more gradual plan for reducing their vaping over several weeks, or even months, and may need the use of a stop vaping aid.

There is no single simple measure of nicotine vaping dependency. A number of measures have been developed that may help to give an indication of the level of dependency on nicotine vapes: these are summarised in **Assessments for nicotine vaping dependence**.

Clients who are assessed, or who perceive themselves, to be more highly dependent upon nicotine vapes may need to use nicotine replacement therapy (NRT) to manage withdrawal symptoms.

Clients who are in the early stages of quitting smoking and who want to stop vaping could also be supported with switching to NRT.

Relapse prevention: **Emphasise to clients that if, at any point, they think that they are at risk of returning to smoking, they should resume nicotine vaping or use NRT**.

It can also be useful to reassure clients that a relapse to vaping is not a failure and is significantly less harmful than returning to smoking.

Strategies for stopping vaping

Stopping gradually

There are several strategies that clients can employ to reduce their vape use gradually with the intention of stopping completely. There isn't a great deal of evidence as to which strategy is most effective, nor over how long reduction should take place.

You will need to support clients to choose a strategy that best suits them and a realistic reduction schedule that is neither too quick that it risks being abandoned, nor too long that genuine reduction doesn't occur.

Progress should be monitored and reductions client-led, depending on how clients are coping without vaping and their risk of relapsing to smoking.

Single-use (disposable) vapes
It has been illegal to sell or supply single-use vapes since June 2025. However, some people may continue to have a supply of single-use vapes or be purchasing 'rechargeable' vapes that are essentially just a single-use vape with a charging port. So, this advice remains relevant:

It's not easy to gradually reduce the dose with a single-use vape because a variety of nicotine strengths are not available. Clients should be encouraged to buy a different (tank or pod system) vape.

Reducing the nicotine strength of a product at intervals

Reducing the nicotine strength of vapes/e-liquid (20 mg – 18 mg – 12 mg – 6 mg – 3 mg – 0 mg) is common amongst people who vape and wish to stop. **However, if reducing the strength means that they are vaping much more frequently, they should be advised to stay on the stronger vape for a little longer**.

The speed at which clients reduce will differ and they can usually manage this themselves. Note that the client's preferred product may only be available in one or two nicotine strengths.

Clients can pause their reduction at any stage if they are experiencing strong urges to vape, nicotine withdrawal symptoms and/or difficulties coping.

As a general rule, clients in the early stages of quitting smoking, or who are at risk of relapse to smoking tobacco, should be cautious about reducing their nicotine vape use.

Clients who have stopped smoking cigarettes for 12 weeks or longer can set progressive goals to reduce every two to four weeks or longer as needed, without any pressure to rush the process.

Table 1 shows examples of dose reduction for different starting doses. This is intended as a guide and not a strict dose reduction regimen. The reductions could:

- be quicker or slower than the examples
- involve skipping a step in order to reduce more quickly
- include pausing at a reduction dose for a period until clients are ready to reduce further
- include going back a step and increase the dose if clients feel at risk of relapsing to smoking or abandoning their attempt to stop vaping

The client's preferred product may not be available in all of the suggested doses, or any of them, in the following examples. Additional planning may be needed to see what alternatives the client prefers, or considering an alternative method of stopping vaping, if they can't find anything that suits them.

"You should probably stay on the reduced dose for a week or two, but longer if you don't feel that you're ready to drop to the next nicotine strength."

Table 1: Examples of dose reduction

Starting dose

Nicotine strength	**3 mg/ml** (0.6%)	0 mg/ml (0%)
Weeks	0	1 and 2

Nicotine strength	**6 mg/ml** (0.6%)	3 mg/ml (0.3%)	0 mg/ml (0%)
Weeks	0	1 and 2	3 and 4

Nicotine strength	**12 mg/ml** (1.2%)	6 mg/ml (0.6%)	3 mg/ml (0.3%)	0 mg/ml (0%)
Weeks	0	1 and 2	3 and 4	5 and 6

Nicotine strength	**18 mg/ml** (1.8%)	12 mg/ml (1.2%)	6 mg/ml (0.6%)	3 mg/ml (0.3%)	0 mg/ml (0%)
Weeks	0	1 and 2	3 and 4	5 and 6	7 and 8

Nicotine strength	**20 mg/ml** (2.0%)	18 mg/ml (1.8%)	12 mg/ml (1.2%)	6 mg/ml (0.6%)	3 mg/ml (0.3%)	0 mg/ml (0%)
Weeks	0	1 and 2	3 and 4	5 and 6	7 and 8	9 and 10

Nicotine strength	**18 mg/ml** (1.8%)	12 mg/ml (1.2%)	6 mg/ml (0.6%)	3 mg/ml (0.3%)	0 mg/ml (0%)
Weeks	0	1 to 3	4 to 6	7 to 9	10 to 12

Nicotine strength	**20 mg/ml** (2.0%)	18 mg/ml (1.8%)	12 mg/ml (1.2%)	6 mg/ml (0.6%)	3 mg/ml (0.3%)	0 mg/ml (0%)
Weeks	0	1 to 4	5 to 8	9 to 12	13 to 15	16 to 18

Extending the time between vaping

After assessing how frequently clients vape during a normal day, they can plan to extend the time between use of their nicotine vape (e.g. 20 minutes between vaping becomes 40 minutes).

Table 2 shows examples of vaping interval extension for different initial vaping intervals. This is intended as a guide for clients and not a rigid schedule as circumstances may interfere with strict adherence to time extensions. The extensions could:

- be longer or shorter than the examples
- involve skipping a vaping episode if circumstances dictate or if clients feel confident
- include pausing for a period of time until clients are ready to recommence the extension schedule
- involve going back a step and decreasing intervals if clients feel at risk of relapsing to smoking or abandoning their attempt to stop vaping

> It is important to define with the client what they consider an episode to be: a certain number of puffs or a period of time puffing, and how many puffs and how long. It will vary between individuals and this is why clarification is needed.

Table 2: Examples of schedules for extending the time between vaping

Initial interval

Interval between vaping	**10 mins**	20 mins	40 mins	1 hr	2 hrs	3 hrs	4 hrs	6 hrs	Twice a day: > 8 hrs	Twice a day: > 10 hrs	Once a day
Weeks	0	1–2	3–4	5	6	7	8	9	10	11	12

Interval between vaping	**20 mins**	40 mins	1 hr	1½ hrs	2 hrs	3 hrs	4 hrs	6 hrs	Twice a day: > 8 hrs	Twice a day: > 10 hrs	Once a day
Weeks	0	1–2	3–4	5	6	7	8	9	10	11	12

Interval between vaping	**30 mins**	45 mins	1 hr	1½ hrs	2 hrs	3 hrs	4 hrs	6 hrs	Twice a day: > 8 hrs	Twice a day: > 10 hrs	Once a day
Weeks	0	1–2	3–4	5	6	7	8	9	10	11	12

We have included examples of extending the time between vaping over a 12 week period. This is arbitrary and should be client-led, it is likely that some clients will need longer than this.

"See how it goes and if you start to experience urges to smoke or withdrawal symptoms, or you feel like you might go back to smoking, then increase your frequency of use until those feelings go away."

Setting goals for vaping/not vaping

This strategy involves clients setting rules for themselves about where they do and do not vape to gradually reduce use. This might be to only vape when outside of the home, or not to vape in their car, or to vape only on breaks at work.

Note that initially this will not necessarily lead to a reduction in the amount of nicotine vaped, but it will weaken the link between vaping and specific situations and times.

It is important that clients themselves come up with the rules and commit to sticking to them. These should be regularly reviewed and assessed.

Stopping abruptly

Clients who feel ready to simply stop vaping rather than gradually reducing can be encouraged to see how they feel as they go through the day without vaping.

They can use techniques for managing urges to vape such as distraction and commitment to the 'not a puff' rule.

Remind clients that they can return to vaping if they would otherwise have a cigarette, and that this is far less harmful.

It is important to emphasise that if there is any risk of a relapse to smoking, vaping should be maintained, or the reduction should be paused.

It may be useful for people to talk to friends, family members and colleagues about how they stopped vaping.

> It is worth suggesting that clients stopping vaping abruptly make a smoking relapse avoidance plan. This might involve keeping their vape with them and resorting to that if at risk of smoking tobacco, or calling a friend for support, or distracting themselves. It is best if the client themselves comes up with possible solutions.

Medicinal aids for stopping vaping

A number of nicotine replacement therapy (NRT) products are currently licensed as aids to help people stop vaping. There have been very few good quality studies examining the effectiveness of stop smoking aids to help with stopping vaping and more research is needed to strengthen these findings.

Nicotine replacement therapy (NRT) for stopping vaping

Some people who wish to stop vaping may benefit from using NRT to minimise their risk of returning to vaping or, more importantly, relapse to smoking. NRT treatment aims to replace some or all of the nicotine delivered by vaping and it acts to reduce withdrawal symptoms and urges to vape.

All Nicorette products are licensed for the treatment of nicotine dependency, including from use of nicotine vapes.[1] Also licensed for stopping vaping are: Nicotinell rapid relief spray (smoking and vaping) and NiQuitin patches and minis mint lozenges (smoking, vaping and heated tobacco). Boots products, with the exception of 1mg and 2mg lozenges, are specifically licenced for the treatment of smoking and vaping.[1] These licenses have been granted using the principle of 'equivalence' and not because of independent evaluations of their effectiveness. Both the NHS and the NCSCT advocate the use of NRT for this purpose.

Currently, there are seven types of NRT available in the UK on general sale, over the counter (OTC) from pharmacies and on prescription:

- patch (16 and 24-hour)
- gum (2mg and 4mg)
- inhalator (15mg)
- mouth spray (1mg)
- nasal spray (10mg/ml)
- lozenge and mini-lozenge (1mg, 2mg and 4mg)
- microtab (2mg)

See the NCSCT **Stop smoking aids quick reference sheet** for a description of NRT products and instructions for use.

Initial NRT dose

It is challenging, given the limited evidence base, to suggest what the initial NRT dose should be for someone who wants to use it to help them stop vaping, even when we know what e-liquid strength they are using.

This is because the amount of nicotine that they ingest will depend not only on the strength of e-liquid, but upon the type of vape device used and on their puffing frequency and technique.

Standard guidance relating to the use of NRT for smoking cessation can be used for clients who are stopping vaping. For clients who are moderately to highly dependent upon nicotine vapes, combination NRT (patch plus faster-acting product) can be considered.[2]

Clients who are using lower doses of nicotine in their vape and/or who had lower levels of tobacco dependence may manage with a single NRT product.

The initial dose of NRT needs to be determined on an individualised basis by considering:

1. Strength of e-liquid currently being used by the client.
2. How frequently the client vapes during the day.
3. How the client feels when they don't vape (i.e. nicotine withdrawal symptoms).

Then it is a process of experimentation to see what NRT they need to minimise nicotine withdrawal symptoms and urges to vape.

The **guiding principle** for using NRT to help with stopping vaping is: **Use enough NRT to minimise or eliminate withdrawal symptoms and urges to vape**.

Cytisinicline for stopping vaping

Cytisinicline is **not** currently licensed for vaping cessation.

A clinical trial in 160 non-smoking adults who vape demonstrated that a 12-week course of 3mg of cytisinicline three times a day, alongside behavioural support, was more effective than a placebo with behavioural support.[3] Cytisinicline doubled the chances of quitting at 9 – 12 weeks and was very well tolerated, with only four people (3.8%) discontinuing use due to adverse effects.

Because the licence for cytisinicline was granted before nicotine vapes existed and its efficacy as a stop vaping aid was investigated, prescribing cytisinicline for vaping cessation is off licence. In our view, this should not prevent prescribing for this purpose.

Varenicline for stopping vaping

Varenicline is **not** currently licensed for vaping cessation.

There is some evidence to suggest that varenicline may help both adults and young people (aged 16 to 25) quit vaping. One trial administering 1mg twice a day for 12 weeks, alongside behavioural support, more than doubled the chance of quitting vaping at 12 and 24 weeks post-quit date, compared with a placebo in adult daily vapers.[4] There were no reported serious adverse events. However, treatment was administered only after a reduction of at least 50% in daily vaping before committing to setting a quit date.

Another trial, with a similar protocol, giving 1mg twice a day for 12 weeks alongside behavioural support and referral to text messaging support, more than tripled the chance of quitting vaping at four and 24 weeks post-quit date, compared with a placebo in 16- to 25-year-olds who vaped.[5] Varenicline was well tolerated with no adverse events reported.

Varenicline (as Champix) was licensed as a stop smoking aid in the UK in 2006, so prescribing varenicline for vaping cessation is off licence. However, in our view this should not prevent prescribing for this purpose.

Stopping vaping for inpatients

When people who vape are in vape-free environments such as indoor public spaces for an extended period of time (e.g. as an acute hospital inpatient*), they may need the support suggested in this protocol guidance, including medicinal aids.

Prescribing NRT on admission to prevent nicotine withdrawal and help manage temporary abstinence could be offered to all patients who use nicotine vapes.

More importantly, admission to a vape-free hospital might also offer the opportunity to stop vaping, if desired by the patient and if this doesn't risk a relapse to smoking. NRT is an option to support stopping vaping whilst an inpatient.

**Vaping is permitted in most mental health hospitals*

Conclusion

Stopping vaping is an emerging area of clinical practice, and this protocol provides structured, evidence-informed guidance on how to support people who wish to quit vaping. While most individuals will stop vaping without formal intervention, those with greater dependence on nicotine vapes may require behavioural support, medicinal aids, or both. The protocol emphasises that **support must be client-led**, flexible, and grounded in the principles of harm reduction – particularly the importance of avoiding relapse to, or initiation of, smoking, which carries far greater health risks than continued vaping.

Behavioural support is the first-choice treatment, focusing on helping clients understand their motivations, assessing their nicotine dependence, and developing personalised strategies for reduction or abrupt cessation of nicotine vapes. These may include gradually reducing nicotine strength, extending intervals between vaping, or setting situational rules to weaken habitual vaping patterns. Each method is intended as a **guide rather than a rigid schedule**, recognising that individuals vary widely in their nicotine use and their responses to reduction.

Medicinal aids such as NRT can further support people who wish to stop vaping. They are likely to be used for people more nicotine-dependent on vapes where behavioural support alone is not sufficient. Although research remains limited, early evidence suggests that these treatments may increase quit success when combined with behavioural support. The overarching principle mirrors smoking cessation guidance: **use enough medication to minimise withdrawal symptoms and urges to vape**, adjusting as needed through ongoing assessment.

Given the evolving evidence base and clinical guidelines, the protocol stresses the need for regular updates and continued clinical judgement. Ultimately, successful support to stop vaping requires balancing emerging evidence, expert consensus, and the client's lived experience — ensuring that every quit attempt prioritises wellbeing, autonomy, and the prevention of harm, especially the prevention of a return to smoking.

Resources

Vaping: a guide for health and social care professionals
www.ncsct.co.uk/publications/vaping_briefing

Supporting clients who want to stop vaping
www.ncsct.co.uk/publications/support_stop_vaping

Incorporating nicotine vapes (e-cigarettes) into stop smoking services
www.ncsct.co.uk/publications/service_advice_vapes

Working with vape shops
www.ncsct.co.uk/publications/working_with_vape_shops

Information for specialist stop-smoking services that are considering providing e-cigarette starter packs: recommendations from the Trial of Ecigarettes (TEC)
www.ncsct.co.uk/publications/TEC_briefing

Swap-to-stop briefing and memory jogger
www.ncsct.co.uk/publications/swap-to-stop

Stop smoking aids quick reference sheet
www.ncsct.co.uk/publications/stop-smoking-medications-quick-reference

Combination nicotine replacement therapy (NRT)
www.ncsct.co.uk/publications/combination_nrt_briefing

Young people and vaping
This section of the NCSCT website contains a briefing on young people and stopping vaping and other useful resources
www.ncsct.co.uk/publications/category/young-people-stopping-vaping

Action on Smoking and Health (ASH): Addressing common myths about vaping
ash.org.uk/resources/view/addressing-common-myths-about-vaping-putting-the-evidence-in-context

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